PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 1110000

Effective October 1, 2000)
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			24					RATE FEI			RATE	FEE
FOR					NUMB	ER EXTRA	BASIC FEE		355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			AY minus 20= *				X\$ 9=			OR	,,,,,	12
INDEPENDENT CLAIMS			3 minus 3 = *				X40=			OR	X80=	<u> </u>
ML	JLTIPLE DEPEN	IDENT CLAIM PI	RESENT				+135	j=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	16/1/	
CLAIMS AS AMENDED - PART II								·-	<u> </u>]] (11	OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMA	LL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 24	Minus	** 2	4	= /	X\$ 9	=	1	OR	X\$18=	
	Independent	TNTATION OF MI	Minus	***	3	= /	X40	=		OR	/X80=	
	FIRST PRESE	INTATION OF MI	JUITPLE DEF	PENDENT	CLAIM		+135	=	1	OF/	+270=	
							TO ADDIT. F			OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)				A.J		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AIM	=	X40=	=		OR	X80=	
<u> </u>	I INOT PRESE	INTATION OF INC	DETIFLE DEF	CINDCINI	CLAIIVI		+135	=		OR	+270=	
TOTAL ADDIT. FEE											TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDITE				ADDIT: I ELI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┪				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00)